

Case Number:	CM13-0059599		
Date Assigned:	12/30/2013	Date of Injury:	04/29/2002
Decision Date:	04/21/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 57-year-old female who reported an injury on 04/29/2002. The mechanism of injury was repetitive lifting, bending, and carrying of boxes of paper. The patient had a lumbar spine x-ray on 08/22/2013, which revealed a grade I anterolisthesis of L4 through L5, not significantly changed on flex and extension views, moderate degenerative disc disease at L3 -4, mild at L4-5 and L5-S1, and mild heterogeneous calcifications in the pelvis. The patient's diagnosis was noted to be spondylolisthesis of L3-4 and L4-5, and instability. The physical examination on 11/07/2013 revealed that the patient's pain was significantly improved since an epidural injection on 12/19/2012. The patient indicated that she has some residual pain. The patient denied bladder incontinence. The patient had subjective complaints of worsening low back pain; worsening right greater than left leg pain, numbness, and weakness despite several years of excellent and exhaustive conservative care; and worsening back pain radiating into the legs for the past several years, getting worse, and was unresponsive to exhaustive and excellent care. The physical examination revealed that the patient had a worsening antalgic gait, due to the right worse than left leg pain. The patient had pain to palpation over L3 -4 and L4-5, and the patient had a decreased range of motion of the lumbar spine. The patient's straight leg raise was positive on the right side. Extension at 60 degrees caused pain, radiating into the right calf, and the test was negative on the left. The physician indicated they reviewed the MRI from 04/12/2012, and there was evidence of severe discogenic changes and degenerative changes with osteophytes at L3-4. Spondylolisthesis was noted, grade I, at L3-4. There were mild discogenic changes at L4-5 and L5-S1. Flexion/extension x-rays, standing of the lumbar spine, were reviewed by the physician and the physician opined the patient had flexion/extension demonstrating motion at L4-5; and at L3-4, spondylolisthesis; as well as L4-5 spondylolisthesis with motion. The request and the plan were made for an MRI with dynamic flexion/extension

and flexion/extension x-rays to rule out instability. It was indicated that updated imaging studies were noted, as the patient's condition had deteriorated.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

X-RAY OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Guidelines, 2013, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The MTUS/ACOEM Guidelines indicate that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology. The clinical documentation submitted for review indicated that the patient had a previous x-ray of the lumbar spine on 08/22/2013. The request was made on 11/07/2013 for additional studies. There was a lack of documentation indicating that the patient's condition had changed significantly upon physical examination to support the necessity for a repeat x-ray of the lumbar spine. Given the above, the request for x-ray of the lumbar spine is not medically necessary.